

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO **HX475653**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>VAN DYKE, JASON D</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>9465</b>	POSITION <b>POLICE OFFICER</b>		ADDRESS OF OCCURRENCE <b>4112 S PULASKI RD</b>	
DATE OF APPOINTMENT <b>25-JUN-2001</b>	EMPLOYEE NO. <b>[REDACTED]</b>		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) <input type="checkbox"/>
UNIT OF ASSIGNMENT <b>008</b>	BEAT/CALL NO. <b>0845R</b>		LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>0815</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB <b>[REDACTED]</b>	DATE OF OCCURRENCE      TIME      DAY OF WEEK <b>20-OCT-2014      21:57:00      MONDAY</b>	
HEIGHT <b>602</b>	WEIGHT <b>180</b>		NO. OF OFFICERS BATTERED <b>3</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>3</b> <b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____			<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____ <b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<b>TYPE OF ACTIVITY</b> <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER			<b>OFFENDER INFORMATION</b> SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <b>BLACK</b> DOB <b>25-SEP-1997</b> CB NO. _____ IR NO. _____ WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <b>1</b>	
<b>TYPE OF INJURY TO OFFICER</b> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			<b>WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <b>50 °F</b>	
<b>LIGHTING CONDITIONS AT INCIDENT</b> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD				

CPD-11.451 (REV. 1/04)

**OFFENDER'S ACTIONS WERE UNPROVOKED.**

REPORTING MEMBER - SIGNATURE  
VAN DYKE, JASON D

STAR NO.  
9465

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
MC NAUGHTON, DAVID R 120

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>20-OCT-2014</b>		2. ADDRESS OF OCCURRENCE <b>4112 S PULASKI RD CHICAGO, IL 60632</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0815</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>VAN DYKE</b>		7. FIRST NAME <b>JASON D</b>		8. STAR NO. <b>9465</b>	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>602</b>		12. HT <b>180</b>	
13. WT <b>180</b>		14. DATE OF APPT. <b>25-JUN-2001</b>		15. EMPLOYEE NO. <b>008</b>		16. UNIT & BEAT OF ASSIGNMENT <b>0845R</b>	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
20. LAST NAME <b>MCDONALD</b>		21. FIRST NAME <b>LEQUAN</b>		22. M.I. <b>BLK</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
24. RACE <b>25-SEP-1997</b>		25. D.O.B.		26. HT. <b>601</b>		27. WT. <b>185</b>	
28. ADDRESS <b>IL 60637</b>		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>		34. BY WHOM? <b>DR. PITZEL</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	
36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO.		IR NO.		<input type="checkbox"/> DNA	
38. REASON FOR USE OF FORCE (Check all that apply)							
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
MEMBER'S RESPONSE		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>	
MEMBER PRESENCE <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
ESCORT HOLDS <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>					
ARMBAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>					
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>					
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>					
OC/CHEMICAL WEAPON WAIVER AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>					
OTHER <input type="checkbox"/>							
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)							
40. ADDITIONAL INFORMATION <b>OFFENDER'S WEAPON WAS A KNIFE IN HIS HAND.</b>							
POSITION		STAR NO.		UNIT			
41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>	
45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON - US (BODYGUARD, CHIEF SPECIAL)</b>		46. MODEL <b>5943</b>		47. BARREL LENGTH <b>5</b>		48. CALIBER/GAUGE <b>9 MM</b>	
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) <b>TDU5969</b>		51. CHICAGO GUN REG. NO. <b>628361</b>		52. IL FIREARM OWNER ID. NO. <b>95380037</b>	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>16</b>		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>15</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>BY MAGAZINE</b>	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. <b>1429315878</b>		71. R.O. NO. <b>HX475653</b>			
72. CASE INFO.							
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC							
NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.							
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
73. REPORTING MEMBER (Print Name) <b>VAN DYKE, JASON D</b>		STAR/EMPLOYEE NO. <b>9465</b>		SIGNATURE <b>[Signature]</b>			
21-OCT-2014 04:41:45							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
74. REVIEWING SUPERVISOR (Print Name) <b>FRANKO, STEPHEN D</b>		STAR NO. <b>1381</b>		SIGNATURE <b>[Signature]</b>		DATE REVIEWED TIME <b>21-OCT-2014 04:44:58</b>	

# LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Van Dyke fired his weapon in compliance with Department policy. Officer Van Dyke fired his weapon in fear of his life when the offender while armed with a knife continued to approach and refused all verbal direction.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

21-OCT-2014 04:58:37

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRRs THIS EVENT No.

1



RD NO. **HX475653**

**"X APPLICABLE BOXES"**

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
WALSH, JOSEPH J

STAR NO.  
12865

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.  
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEM INV D	1. DATE OF INCIDENT <b>20-OCT-2014</b>		TIME <b>21:57:00</b>		2. ADDRESS OF OCCURRENCE <b>4112 S PULASKI RD CHICAGO, IL 60632</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0815</b>			
	5. POSITION <b>9161</b>		6. LAST NAME <b>WALSH</b>		7. FIRST NAME <b>JOSEPH J</b>		8. STAR NO <b>12865</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		
SUBJECT INFORMATION	11. AGE <b>600</b>		12. HT. <b>190</b>		13. WT. <b>190</b>		14. DATE OF APPT <b>29-JUN-1998</b>		15. EMPLOYEE NO. <b>10016</b>		16. UNIT & BEAT OF ASSIGNMENT <b>008 0845R</b>		
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>MCDONALD</b>		21. FIRST NAME <b>LEQUAN</b>		22. M.I. <b>J</b>		
	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>25-SEP-1997</b>		26. HT. <b>601</b>		27. WT. <b>185</b>		28. ADDRESS <b>IL 60637</b>		
	29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>DR. PITZEL</b>		34. BY WHOM?		
REASON FOR USE OF FORCE (Check all that apply)	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED		37. CB NO.		IR NO.		DNA		DNA		
	38. DINA		39. DINA		40. DINA		41. DINA		42. DINA		43. DINA		
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		ASSAILANT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____		OTHER _____		
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARM BAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____		OTHER _____		
	40. ADDITIONAL INFORMATION <b>OFFENDER ARMED WITH KNIFE.</b>		41. ADDITIONAL INFORMATION		42. ADDITIONAL INFORMATION		43. ADDITIONAL INFORMATION		44. ADDITIONAL INFORMATION		45. ADDITIONAL INFORMATION		
WEAPON DISCHARGE INCIDENT	46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS <b>CLEAR</b>		50. MAKE/MANUFACTURER		51. MODEL		
	52. BARREL LENGTH		53. CALIBER/GAUGE		54. TASER DART ID NO.		55. WEAPON SERIAL No. (Include Letters)		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		
CASE INFO.	58. SPECIAL WEAPON CERTIFICATE NO.		59. PROPERTY INVENTORY NO.		60. TYPE OF AMMUNITION USED		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		62. TOTAL NO. OF SHOTS MEMBER FIRED		63. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
SIGNATURES	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) <b>WALSH, JOSEPH J</b>		STAR/EMPLOYEE NO. <b>12865</b>		SIGNATURE <b>[Signature]</b>		
	74. REVIEWING SUPERVISOR (Print Name) <b>FRANKO, STEPHEN D</b>		STAR NO. <b>1381</b>		SIGNATURE <b>[Signature]</b>		DATE REVIEWED <b>21-OCT-2014 05:07:32</b>		TIME		75. EVENT NO. <b>1429315878</b>		
76. REVIEWING SUPERVISOR (Print Name) <b>FRANKO, STEPHEN D</b>												77. R.D. NO. <b>HX475653</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Walsh's actions were in compliance with the Department's use of force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED TIME

21-OCT-2014 05:12:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

2

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HX475653**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>GAFFNEY, THOMAS J</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <b>4000 1/2 S KARLOV AVE</b>	
STAR NO. <b>19958</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>08-JUL-1996</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>0815</b>
UNIT OF ASSIGNMENT <b>008</b>	BEAT/CALL NO. <b>0815R</b>	DATE OF OCCURRENCE <b>20-OCT-2014</b>	TIME <b>21:56:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DAY OF WEEK <b>MONDAY</b>	
HEIGHT <b>600</b>	WEIGHT <b>195</b>	NO. OF OFFICERS BATTERED <b>3</b>	
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b> <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____ <b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<b>TYPE OF ACTIVITY</b> <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <b>/SWINGING KNIFE</b> <b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<b>TYPE OF INJURY TO OFFICER</b> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<b>OFFENDER INFORMATION</b> SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <b>BLACK</b> DOB <b>25-SEP-1997</b> CB NO. _____ IR NO. _____ WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? NO. OF OFFENDERS PRESENT? <b>1</b>	
<b>LIGHTING CONDITIONS AT INCIDENT</b> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		<b>WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <b>50 °F</b>	

CPD-11.451 (REV. 1/04)



Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
GAFFNEY, THOMAS J

STAR NO.  
19958

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.  
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEV INV D	1. DATE OF INCIDENT <b>20-OCT-2014</b>		TIME <b>21:56:00</b>		2. ADDRESS OF OCCURRENCE <b>4000 1/2 S KARLOV AVE CHICAGO, IL 60632</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0815</b>							
	5. POSITION <b>9161</b>		6. LAST NAME <b>GAFFNEY</b>		7. FIRST NAME <b>THOMAS J</b>		8. STAR NO. <b>19958</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>						
SUBJECT INFORMATION	14. DATE OF APPT <b>08-JUL-1996</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>008 0815R</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME <b>MCDONALD</b>		21. FIRST NAME <b>LEQUAN</b>		22. M.I. <b>J</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>25-SEP-1997</b>						
	26. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? (KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY)) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM? <b>DR PITZEL</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid										
36. CHARGES PLACED												37. CB NO.		IR NO.		DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		SUBJECTS ACTIONS		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE						
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>						
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		WEAPON <input checked="" type="checkbox"/>							
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____							
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____									
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>									
ARM BAR <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____									
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____									
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____									
OC CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____									
OTHER _____		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____									
WEAPON DISCHARGE INCIDENT	39. DNA		40. ADDITIONAL INFORMATION <b>SUBJECT ARMED WITH KNIFE</b>		POSITION		STAR NO.		UNIT								
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH				
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.				
	56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				
CASE INFO.	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)				
	70. EVENT NO. <b>1429315878</b>		71. R.D. NO. <b>HX475653</b>		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
	73. REPORTING MEMBER (Print Name) <b>GAFFNEY, THOMAS J</b>		STAR/EMPLOYEE NO. <b>19958</b>		SIGNATURE <b>[REDACTED]</b>		74. REVIEWING SUPERVISOR (Print Name) <b>FRANKO, STEPHEN D</b>		STAR NO. <b>1381</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>21-OCT-2014 05:17:15</b>				
	75. SIGNATURE <b>[REDACTED]</b>		76. SIGNATURE <b>[REDACTED]</b>		77. SIGNATURE <b>[REDACTED]</b>		78. SIGNATURE <b>[REDACTED]</b>		79. SIGNATURE <b>[REDACTED]</b>		80. SIGNATURE <b>[REDACTED]</b>		81. SIGNATURE <b>[REDACTED]</b>				

### LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR OF THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Gaffney's actions were in compliance with the Department's Use of Force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-OCT-2014 05:20:49

79. DISTRIBUTION OF ORIGINAL IRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

3